

Docket No. 1567/70937-ZA/JPW/PJSIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jacob Bar-Tana

Serial No. : 10/735,439 Examiner: L.A. Royds

Filed : December 11, 2003 Group Art Unit: 1614

For : METHODS FOR THE TREATMENT OF SYNDROME X USING
XENOBIOTIC FATTY ACID COMPOUNDS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 27, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	25 -	* 26 =	*** 0 X	\$25	\$50	=	0	
Indepen- -dent Claims	4 -	** 4 =	*** 0 X	\$105	\$210	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> X </u> No				\$185	\$370	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 230.00 for a Petition for 2 Month(s) Extension of Time
- ☒ Other (identify): \$405.00 Fee for filing a RCE

THE TOTAL FEE DUE IS \$ 815.00.

☒ A check in the amount of \$ 815.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

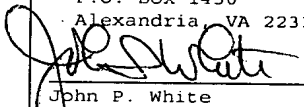
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,


John P. White

Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
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date with the U.S. Postal Service with
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